

**CENTER OPERATIONS SERVICES MANAGEMENT INFORMATION
SYSTEM (COSMIS) CHANGE CONTROL REQUEST**

Change Control Request (CCR)
Control Number:

SECTION I - INITIATOR

1. Initiator (Last, First, MI.):		2. Date (mm/dd/yyyy):		3. Department/Office:		4. Mail Code:			
5. Telephone Number:		6. Application:		7. Module:		8. Business Process:		9. Document/Paragraph Reference:	
10. Title of Problem/Requirement:									
11. Explanation of Problem/Requirement (Continue on separate sheet if necessary):									
12. Recommended Action (Continue on separate sheet if necessary):									
13. Priority Level:									
<input type="checkbox"/> <u>Emergency</u> (Work stoppage; critical deadline(s) in jeopardy; workaround nonexistent or unacceptable; and/or unplanned release is justified.)					<input type="checkbox"/> <u>Medium</u> (Work can continue but with moderate/minimal impact on resources; and/or implementation within 12 months is justified.)				
<input type="checkbox"/> <u>High</u> (Work can continue but severe impact on resources; supports high priority, Agency initiative; and/or implementation within 6 months is justified.)					<input type="checkbox"/> <u>Low</u> (No measurable impact on work or resources; nuisance problem; and/or no specific due date.)				
14. Explanation of Impact:									

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SECTION II - TECHNICAL REVIEW BOARD

15. Type of CCR: _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Discrepancy Report | <input type="checkbox"/> Requirements Change | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> NASA Policy | <input type="checkbox"/> Performance/Design |
| <input type="checkbox"/> Non-Emergency | <input type="checkbox"/> User (System) Enhancement | <input type="checkbox"/> Process |
| | <input type="checkbox"/> Regulatory/Statutory | |

16. Priority Level:

- ☐ Emergency
☐ High
☐ Medium
☐ Low

17. Level of Effort:

- ☐ Small (<80 Hrs)
☐ Medium (80 Hrs < 250 Hrs)
☐ Large (250 Hrs < 400 Hrs)
☐ Extra Large (400 Hrs or more)

18. Other Systems Affected:

☐ Yes ☐ No

(If "Yes", provide information
in block 19)

19. Affected Systems:

20. Disposition:

- | | |
|--|--|
| <input type="checkbox"/> Approved as written | <input type="checkbox"/> Recommended to CCB as written |
| <input type="checkbox"/> Approved with modifications (if checked,
state reason in block 25) | <input type="checkbox"/> Recommended to CCB with modifications
(if checked, state reason in block 25) |
| <input type="checkbox"/> Disapproved (if checked, state reason in
block 25) | <input type="checkbox"/> Hold (if checked, state reason in block 25) |

21. Typed Name of Functional Sponsor:

Signature:

22. Date (mm/dd/yyyy):

23. Typed Name of Information Technology Representative:

Signature:

24. Date (mm/dd/yyyy):

25. Remarks:

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SECTION III - CONFIGURATION CONTROL BOARD

26. Vote:	Approved	Disapproved	Abstain	Absent	27. Disposition of Request	
AD01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Approved <input type="checkbox"/> Approved with modifications <input type="checkbox"/> Disapproved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hold (If checked, state reason and action assigned in Block 29)	
AD03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
AD04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
AD10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
AD20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
AD30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
AD40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
AD50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
AD60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Standards Process Team Members						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Totals					28. Action Due Date (mm/dd/yyyy):	

29. Remarks:

30. Priority Level: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	31. Typed Name of CCB Chairperson:	Signature:	32. Date (mm/dd/yyyy):
33. Remarks:			

Instructions for Completing CENTER OPERATIONS SERVICES MANAGEMENT INFORMATION SYSTEM (COSMIS) CHANGE CONTROL REQUEST

Each numbered item and title in the table corresponds to a block and title on the change request form. The information requirement for each block is provided.

Note: The block in the upper right-hand corner of the form, CCR Control Number, is reserved for the number that will be assigned to the CCR when it is logged by the Technical Review Board (TRB) Recorder. **DO NOT FILL IN THIS BLOCK!!!**

SECTION I - INITIATOR (to be completed by the Initiator)

BLOCK	TITLE	INFORMATION REQUIREMENTS
1.	Initiator	Provide the name of the person initiating the request (last name, first name, middle initial).
2.	Date	Provide the date the request was initiated (mm/dd/yyyy).
3.	Department/Office	Provide the Department or Office abbreviation.
4.	Mail Code	Provide the initiator's mail code.
5.	Telephone Number	Provide the telephone number where the initiator can easily be reached.
6.	Application	COSMIS
7.	Module	Provide the subsystem or section that will further identify the area of concern.
8.	Business Process	Provide the name or title of the process to further identify the area of concern (e.g., Requester Screen).
9.	Document/Paragraph Reference	Provide the acronym of the baseline document and corresponding paragraph number to clarify the precise section to which the request applies.
10.	Title of Problem/Requirement	Provide a brief title (maximum 50 characters) that adequately identifies the request. This title is used on CCR status reports and listings of release contents and, therefore, should be as descriptive as possible.
11.	Explanation of Problem/Requirement	Provide a complete explanation of the request. Limit the explanation to the identification of one problem/requirement. When appropriate, include the following: report sample, screen prints, and marked up copies of materials. Remember to circle or underline areas referenced rather than highlight them, so these marks can be easily seen on subsequent copies of the form.
12.	Recommended Action	If the request is in reference to a baseline document, provide the suggested new text to be included in the document. Also specify data element names, definitions, edits, calculations, display requirements, etc. If the request is a regulatory or statutory requirement, cite any reference that specifies the requirements.
13.	Priority Level	Check the appropriate box based on the description most applicable to the situation.
14.	Explanation of Impact	This additional space may be used by the initiator to describe the impact on operations.
15.	Type of CCR	Check the appropriate box to indicate whether the request is a Discrepancy Report or a Requirements Change. If the request is a Discrepancy Report, indicate whether it is an Emergency or Non-Emergency. If the request is a Requirements Change, indicate whether it is Policy, User (System) Enhancement, Regulatory/Statutory, Performance/Design, or Process Improvement.
16.	Priority Level	Check the appropriate priority level. Refer to block 13 on the change request form for definitions of the four priority levels.
17.	Level of Effort	Check the appropriate Level of Effort as described on the form.

SECTION II - TECHNICAL REVIEW BOARD (to be completed by the TRB)		
BLOCK	TITLE	INFORMATION REQUIREMENTS
18.	Other Systems Affected	Indicate whether other systems will be affected by the request. Note that if YES is selected, a copy of the MSFC 4403 should be sent to the POC's of all affected systems. Also indicate whether concurrent releases will be required to implement the request.
19.	Affected System(s)	List all systems that will be affected by the request.
20.	Disposition	Check the appropriate disposition resulting from the TRB review of the request.
21.	Functional Sponsor	COSMIS Functional Sponsor's typed name and signature.
22.	Date	Include the date that the COSMIS Functional Sponsor signed the request (mm/dd/yyyy).
23.	Information Technology Representative	Information Technology Representative's typed name and signature.
24.	Date	Include the date that the Information Technology Representative signed the request (mm/dd/yyyy).
25.	Remarks	Provide any additional information that may be useful to subsequent reviewers.
SECTION III - CONFIGURATION CONTROL BOARD (to be completed by the CCB)		
26.	Vote	This table is used to record CCB voting by the CCB member and the voting organization code. Abstain refers to an organization that has a vote but chooses not to vote. Absent indicates that a voting organization was not represented when the vote was taken. To indicate that an organization does not use the system, leave the appropriate row blank.
27.	Disposition of Request	Check the appropriate disposition that indicates the CCB decision.
28.	Action Due Date	Provide the date by which the action must be completed and reported to the CCB (mm/dd/yyyy).
29.	Remarks	If a CCR is put on "Hold" pending an action (further review or research, decision by another governing body, result of a separate but related action), provide the name of the person or group assigned the action and a brief description of the assigned action.
30.	Priority Level	Check the appropriate priority level as determined by the CCB. Refer to block 13 on the change request form for definitions of the High, Medium, and Low priority levels.
31.	CCB Chairperson	Print or type the name of the CCB Chairperson. The signature of the CCB Chairperson should also be entered in this box.
32.	Date	Include the date the request was signed by the CCB Chairperson (mm/dd/yyyy).
33.	Remarks	Provide any additional information that will further clarify the disposition determined by the CCB.